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ABSTRACT

The directory, 80% of which consists of appendixes, is a compilation of information concerning secondary programs for the emotionally disturbed, based on replies to a National Association of State Directors of Special Education national survey. The principal section reports summary data relating to terminology and definition, prevalence, services available, personnel involved in service delivery, diagnosis and placement, program administration models, and provision of state consultants for programs for the emotionally disturbed. Some of the data is expanded and elaborated in appendixes, which list such things as state definitions of emotional disturbance, recommended test batteries for determining eligibility and placement, and prevalence figures. The appendixes also report types of services available in the states, caseloads of professionals serving emotionally disturbed students, state reports of quality programs for emotionally disturbed adolescents, and use of consultants by state education agencies. (Author/DLS)

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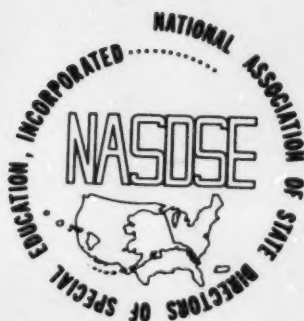
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Special Education Programs for Emotionally Disturbed Adolescents:

A Directory of State Education Agency Services



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**A Report of
Survey Information**

Collected by

William Schipper

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC) AND
USERS OF THE ERIC SYSTEM."

National Association of State Directors of Special Education

1201 16th Street, N.W.,

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INTRODUCTION

This directory is a compilation of information concerning secondary programs for the emotionally disturbed, based on replies to a NASDSE survey in the Spring of 1978. State education agencies in all 50 states plus American Samoa, the District of Columbia, and Puerto Rico completed the questionnaire.

The principal section of the publication reports summary data relating to terminology and definition, prevalence, services available, personnel involved in the delivery of services, diagnosis and placement, program administration models, and provision of state consultants for programs for the emotionally disturbed. Some of the data has been expanded and elaborated through the use of appendices, listing state definitions of emotional disturbance, and recommended battery of tests for determining eligibility and placement, and prevalence figures. The appendices also report types of ED services available in the states, caseloads of professionals serving ED students, state reports of quality programs for emotionally disturbed adolescents, and use of consultants by SEAs.

It is hoped that the information presented on the following pages will be helpful to all SEA personnel in comparing individual state practices with those of other states.

This information was tabulated and summarized by Ginger G. Heller, special education doctoral student, and Dr. Alfred Hirshoren, Coordinator of Doctoral Programs in Special Education, University of Georgia. We gratefully acknowledge their cooperation in working with NASDSE on this project.

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SUMMARY DATA

This summary section combines the data from the 53 responding units and makes forecasts to indicate national trends in providing services to emotionally disturbed adolescents. While the material provides a general profile of data focusing on secondary programs, the information in many instances reflects state programming for all emotionally disturbed students. The term "emotionally disturbed" (ED) is used throughout the discussion although terminology varies considerably from state to state.

Terms and Definitions

The first three items of the 14-item survey questionnaire related to terms and definitions used in each state for emotional disturbance. Twenty-one different terms, some slight variations of the term "seriously emotionally disturbed" used in P.L. 94-142, were cited by the 53 SEAs responding. A summary of these responses, based on the five most used terms, is provided in Table 1.

TABLE 1

TERMS MOST FREQUENTLY USED

	<u>Number of States</u>
Emotionally Disturbed.....	12
Seriously Emotionally Disturbed.....	8
Emotionally Handicapped.....	8
Behaviorally Disordered.....	5
Behaviorally Handicapped.....	3

Of the 53 units in this study, 28 indicated that emotional disturbance is defined by state law and 37 responded that terminology is defined in state rules and/or regulations. (Note: Some respondents made multiple responses.)

The federal definition and the definitions used by individual states are reported in Appendix A. These definitions vary widely from the adaptation of the Bower and Lambert (1961)¹ definition (as cited in P.L. 94-142) or a close variation currently being used by 19 states (see Appendix A).

In many instances, it appears that definitions were used synonymously with criteria for determination of eligibility. This seems to be the case where deviant behaviors are specified in the definition, and observation of these behaviors results in program placement recommendations.

Prevalence

The prevalence of emotional disturbance among secondary school students ranged from .005 to 6.5 percent. Many states indicated that prevalence figures were based on the total school-age population and were, therefore, not specific to adolescents being served.

Twelve states reported that prevalence figures were not used to determine availability of services. Eight states did not respond to this item. Nine states reported a prevalence figure but did not specify how it was derived. These data are summarized in Table 2. State by state listing of prevalence figures is shown in Appendix F.

TABLE 2

SOURCE OF PREVALENCE FIGURES

	Number of States
National estimates.....	7
Local/State studies.....	16
Origin of figure not specified.....	10
Prevalence figure not used.....	12
Prevalence figure not known.....	8

Educational Services Available

All 53 respondents indicated availability of a wide range of services for emotionally disturbed adolescents. Special classes were the most frequently mandated service model (27 states), followed by the resource room (22 states). Psychotherapy by a school psychologist was the least frequently mandated service (5 states).

Crisis intervention and psychotherapy by a school psychologist were the least frequently cited from among the thirteen possible services identified. Except for the special class, a large majority of states indicated that specific services were permitted but not necessarily mandated through state rules and regulations. Interestingly, two states indicated that itinerant teachers were prohibited by the state. Psychotherapy by school psychologist was prohibited by five states. Two states prohibited payment by schools to private schools for services rendered to

¹Bower, E. & Lambert, N. M. "What is meant by emotionally handicapped?" Princeton: Educational Testing Service, 1961.

emotionally disturbed adolescents and public school transportation to non-school agencies. A summary of the number of states providing specific services under the different conditions described in the questionnaire is in Appendix B.

Standards for Self-Contained Classes

Provisions for self-contained classes for emotionally disturbed adolescents prescribed by state law or regulation were not specified clearly by responses to the questionnaire item. The information that could be gleaned indicates that, in general, states are becoming more flexible in establishing standards for maximum time spent and years enrollment in special classes and are relying on local placement committees to determine appropriate guidelines based on individual needs as identified in the Individualized Education Program (IEP). The maximum number of students who may be assigned to a self-contained class at any one time ranged from 8-15 where such services were available.

Recommended Caseloads

Considerable variation in caseload recommendations was found among those responding to this item with the model category being 20-24 students. Itinerant teachers, where specified by individual states, tended to have heavier caseloads than other classroom professionals, with eight states listing caseloads above the 20-24 range. Resource teachers most frequently have between 20 and 24 students on their caseloads at any given time. School Social Workers, School Psychologists, and School Psychiatrists seldom have established caseloads according to the number of responses recorded. (See Appendix C).

Age Ranges

Table 3 specifies age ranges for adolescents currently enrolled in ED special education programs. Twenty-two states responded with data indicating ages of all ED children presently being served in the state. Where specified, those ranges associated with adolescents began at 13 or 14 and ranged to 21 with thirteen states indicating that, at present, available services terminated at age 18 and four at age 19. With thirty-two states presently serving individuals above the age of 18, the trend appears to be approaching the 1980 goal of serving all handicapped children between the ages of 3 and 21, at least at the adolescent end of the range.

TABLE 3

SERVICES AVAILABLE BY AGE RANGE

	Number of States
Less than 18.....	2
Through age 18.....	14
Through age 19.....	4
Through age 20.....	2
Through age 21.....	24
Above age 21.....	2
No response.....	5

Diagnosis, Eligibility, and Placement

Table 4 summarizes data concerning psychometric/psychological and psychiatric evaluations.

TABLE 4

REQUIRED EVALUATIONS

	Psychological/ Psychometric Evaluation	Psychiatric Evaluation
Yes.....	45.....	14
No.....	7.....	31
*Other.....	2.....	8

*An evaluation of the "other" category follows:

TABLE 4A

	Not specified in State Regs.	Only upon rec. of Evaluation Committee	Psychological or Psychiatric	Psychiatric or Medical
Psychometric/ Psychological.....	1.....	1.....	0.....	0
Psychiatric.....	1.....	4.....	2.....	1

Determination of eligibility and placement is generally delegated to the same committee or child study team in 52 of the 53 states. One of the states indicated that the superintendent had the final decision in placement but that evaluation and decision making were, in fact, by committee.

Procedures recommended for determination of eligibility were reported in terms closely associated with due process by the 47 states responding to this item. One state indicated that there were no standards or rules governing the determination of eligibility. Five states did not respond to this item.

Test Batteries

Ten of the fifty-two responding states indicated that there was a state-recommended battery of tests to be used in the evaluation process. Of these ten, four furnished a list of specific tests and instruments used. These are identified in Appendix D.

Provision for Refusal of Services

Thirty states responded that some variation of due process procedures was available to the school systems where parents might refuse to have pupils participate in the special education program. Other alternatives identified are summarized in Table 5.

TABLE 5

PROCEDURES WHEN SERVICES HAVE BEEN REFUSED

	Number of States
Due Process.....	31
Child Abuse/Neglect Charges.....	6
Support Services Only.....	6
Expulsion.....	1
Not Specified by State	
Rules/Regulations.....	3
No Response.....	6

Rate of Return to Regular Programs

Determination of the success of a program designed to remediate emotional difficulties should be based most logically on the rate of return

of students in the special programs to full-time regular class placement. The percent of return rate ranged from 0 to 85 percent. Twenty states responded that this information was not available, and five states did not respond to this item.

Types of Program Administration

By far the most frequently used method for program administration was through local school district control, with 42 states ranking this as the primary delivery system. Joint agreement or cooperative district organization (i.e., share personnel but not classes) was second in frequency of use as an administrative service system.

Those states responding by indicating some type of program administration under the "other" category most frequently cited state hospitals and private facilities.

Quality Education Programs

Forty states listed from one to three quality education programs for ED adolescents in their states. The names of these districts with their addresses and name of district director are listed in Appendix E.

State Consultants for ED

Thirty-eight states indicated that there was someone on staff with at least part-time responsibility for state programs for the emotionally disturbed, the percent of time spent by personnel designated as "ED consultant" ranging from 2% to 100%. Only nine states reported full-time consultants for ED programs. Nineteen states responded that someone on staff spent at least 50 percent of his/her time as a consultant for state programs for the disturbed.

APPENDIX A

State Definitions for Emotional Disturbance

The questionnaire asked for copies of the state term and definition for emotional disturbance if defined for public school purposes by state law. States citing the definition for "seriously emotionally disturbed" as stated in P.L. 94-142 are specified as "*P.L. 94-142." The text of that definition follows:

"The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

- (A) An inability to learn which cannot be explained by intellectual, sensory or health factors;
- (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- (C) Inappropriate types of behavior or feelings under normal circumstances;
- (D) A general pervasive mood of unhappiness or depression; or
- (E) A tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes children who are schizophrenic or autistic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed."

Alabama

(Not defined by law)

A deep-rooted problem involving control and expression of feelings that result in severe deficiencies in group participation, awareness and/or understanding of self and environment which significantly reduces participation in usual classroom activities.

Arizona

"Seriously emotionally handicapped" means a child who because of serious social or behavioral problems, as determined by evaluation pursuant to ARS 15-1013, is unable or incapable of meeting the demands of regular classroom programs in the public schools and in the opinion of diagnostic and instructional personnel the child requires special classes or special services designed to promote his educational and emotional growth and development.

Arkansas

*P.L. 94-142

California

*P.L. 94-142 - Educationally handicapped includes 1) learning disabilities, 2) behavior disorder, 3) seriously emotionally disturbed and 4) autistic.

Colorado

Social or behavioral functioning such that the child cannot be adequately and/or safely educated in the regular school program.

The following are characteristic of emotional/behavioral disorders when they are exhibited at a rate higher than that which other children exhibit, are exhibited in almost all settings within the total environment, including the school, home and community, and have been evident for a period of time. One or more of the following characteristics will indicate a significant identifiable emotional or behavioral disorder:

- Behavior which is dangerous to the child himself and/or others.

- Behavior which seriously interferes with the child's learning, or that of his classmates.

- Inability to retain academic information.

- Significantly limited self-control.

- Lack of positive and sustained interpersonal relationships.

- Persistent physical complaints related to stress and/or anxiety.

- Pervasive moods of anxiety or depression.

- Persistent patterns of bizarre and/or exaggerated behavior reactions to routine environment.

- Extended periods of time with observable withdrawal that has no apparent positive coping aspect.

Connecticut

A "serious social and emotional handicap" is a psychological condition stemming from interpersonal or intrapersonal conflict which manifests itself in behavior which significantly impedes the child's rate of educational development and which can be corrected or ameliorated by special education to the extent that such a child's rate of educational development may be improved.

Delaware

Socially or emotionally maladjusted refers to those children whose behavioral disorders are such that it is impossible for them to be educated profitably and efficiently through a regular classroom program, and who may, upon recommendation of the chief administrative officers of a school district, or of a state institution (if committed to its care or under direction), be assigned to such classes in accordance with policies set forth by the State Department of Public Instruction for their establishment and operation.

District of Columbia

*P.L. 94-142

Florida

The emotionally handicapped student is the student who after receiving supportive educational assistance and counseling services available to all students, still exhibits persistent and consistent severe behavioral disabilities which consequently disrupt the student's own learning process. This is the student whose inability to achieve adequate academic progress or satisfactory interpersonal relationships cannot be attributed primarily to physical, sensory or intellectual deficits.

Georgia

Center-based - Severely Emotionally Disturbed

Without special child services in the community, children who are severely emotionally disturbed would require hospitalization or residential care. These children are characterized by:

- (1) severe emotional disturbance such as, but not limited to, childhood schizophrenia, autism, severe emotional deprivation and adjustment reactions;
- (2) severe behavioral disorders such as, but not limited to, neurological impairment, cultural deprivation and developmental lag;
- (3) severe school-related maladjustment such as, but not limited to, behavior, socialization, communication and academic skills.

School-based - Behavior Disorders

When defined in terms of school functioning, a child would be said to be behavior disordered if his behavior is so inappropriate or destructive to himself or others that it interferes with receiving all or part of his education in the regular classroom situation. The child's primary difficulty is emotional/behavioral and cannot be explained satisfactorily by any other handicapping condition.

Hawaii

Individuals with serious emotional disturbance are those with serious behavior disorders and learning problems associated with emotional maladjustments, as determined by a psychiatrist and/or a certified clinical psychologist. Seriously emotionally disturbed individuals' behavior may deviate so markedly from the norm that it impairs their functioning in the school, at home and/or in the community. Students with behavioral problems due to temporary crisis situations, such as death, illness or other economic or social problems, are generally not included in this category.

Idaho

Students are considered emotionally disturbed who require special education as a result of not having adequate emotional adjustment to the extent that they cannot make satisfactory progress in the regular school program, and have not established or maintained satisfactory relationships with teachers, peers, parents, and others.

Illinois

The child exhibits an affective disorder and/or adaptive behavior which significantly interferes with his/her learning and/or social functioning.

Indiana

An emotionally disturbed child, for purposes of special education, is one who after receiving supportive and counseling services available to all students designed to improve learning and adjustment in the regular classroom, is chronically unable to make constructive use of his school experience, as manifested by an inability to develop, socially and emotionally, and learn at the same rate as his classmates and who requires the provision of special educational services designed to promote his educational, social, and emotional growth and development.

This definition does not include or intend to imply an obligation to provide psychiatric treatment or social welfare programs to all children with problems, nor does it include students whose problems are primarily:

- a. Mental retardation.
- b. A temporarily emotionally disturbed child due to some identifiable external crisis situation.
- c. A condition which requires residential hospital treatment.
- d. Severe physical or sensory handicaps.
- e. Ordinary classroom behavior problems and social problems such as delinquency and drug abuse.

Iowa

"Emotional disability" which is manifested as a behavior disorder is a pattern of situationally inappropriate behavior, observed in the school setting, which deviates substantially from behavior appropriate to one's age and significantly interferes with the learning process, interpersonal relationships, or personal adjustment of the pupil. The determination of this handicap is largely based on the consistency, intensity, and duration of the behavior of concern.

Kansas

Personal and social adjustment problems typically manifest themselves as marked behavior excesses and deficits which persist over a period of time. Behavior excesses and deficits include the following:

- (1) Aggressive and/or anti-social actions which are intended to agitate and anger others or to incur punishment,
- (2) Inappropriate and/or uncontrollable emotional responses,
- (3) Persistent moods of depression or unhappiness,
- (4) Withdrawal from interpersonal contacts,
- (5) Behaviors centrally oriented to personal pleasure seeking with little or no regard to the consequences of any acts.

Kentucky

Pupils shall be eligible for enrollment in a program for the emotionally disturbed (behavior disordered) who demonstrate one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

- (1) An inability to learn commensurate with the measured functioning ability;
- (2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- (3) Inappropriate types of behavior under normal circumstances;
- (4) A general pervasive mood of unhappiness or depression;
- (5) A tendency to develop physical symptoms or fears associated with personal or school problems.
- (6) The term emotionally disturbed (behavior disordered) includes pupils who are schizophrenic or autistic. The term does not include pupils who are socially maladjusted.

Louisiana

*P.L. 94-142

Maine

The child exhibits affective, reactive and/or maladaptive behavior(s) to a marked extent and over a significant part of the school day or year, that significantly interferes with the child's learning or that of other children;

specialized education programs and/or services are required to provide for the child's educational progress and potential.

Maryland

*P.L. 94-142

Massachusetts

(All "children in need of special services" are referred to in those terms only).

Michigan

"Emotionally impaired" means a person identified by an educational planning and placement committee, based upon a comprehensive evaluation by a school psychologist and social worker, a certified psychologist, a certified consulting psychologist, or a certified psychiatrist, and other pertinent information, as having one or more of the following behavioral characteristics:

(a) Disruptive to the learning process of other students or himself in the regular classroom over an extended period of time.

(b) Extreme withdrawal from social interaction in the school environment over an extended period of time.

(c) Manifestation of symptoms characterized by diagnostic labels such as psychosis, schizophrenia and autism.

(d) Disruptive behavior which has resulted in placement in a juvenile detention facility.

Minnesota

*P.L. 94-142

Mississippi

The emotionally handicapped child is one who is chronically unable to make or maintain a satisfactory adjustment to his everyday surroundings or to the forces within himself. The problems of this child are often revealed in varying degrees of maladjustive reactions toward peers and authoritative figures. He can benefit from a special program when he manifests inappropriate or ineffective coping behavior and/or lacks behavioral control in situations where most children could manage appropriate coping behavior with little difficulty.

Missouri

This term refers to students that exhibit one or more of the following characteristics over an extended period of time and to a marked degree:

- (1) Difficulties in learning that cannot be explained by intellectual, sensory, or other health factors.
- (2) Difficulties in building or maintaining satisfactory interpersonal relationships with peers, parents, and teachers.
- (3) The general pervasive mood of unhappiness or depression.
- (4) A tendency to develop physical symptoms, pains, or fears associated with personal or social problems.

Montana

"Emotionally disturbed" means a condition exhibiting one or more of the following characteristics to a marked degree and over a long period of time: an inability to learn which cannot be explained by intellectual, sensory or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms, pains or fears associated with personal or school problems. The term does not include children who are socially maladjusted. The emotionally disturbed category may include students who also may have been diagnosed by appropriate specialists as autistic, psychotic, sociopathic or schizophrenic. An emotionally disturbed child's disorders are not primarily the result of problems with visual acuity, hearing impairment, physical handicaps, cultural or instructional factors or mental retardation. "Emotionally disturbed" refers to a person who has been identified, based on a comprehensive evaluation, as having observable behavioral patterns which seriously inhibit the academic and social or emotional growth of the individual or the educational rights of others to the point that supportive services are required. These behavioral patterns include:

- (a) excessive physical or verbal aggression toward oneself or others and a lack of response to regular educational intervention;
- (b) high frequency of persistent inattention to academic or social tasks associated with regular classroom performance; and
- (c) persistent withdrawal from peer or adult interactions associated with the expected social development in a regular educational environment.

Nebraska

Emotionally disturbed (ED) children shall mean children with behavioral disorders variously designated as neurotic, psychotic, or character disordered, and whose inabilities may manifest themselves in school accomplishment, social relationships or feeling of self adequacy and may result either from experience or biological limitations.

Nevada

The educationally handicapped are those students who, as a result of emotional disturbances and/or learning disabilities, require a differentiated educational program in order to make constructive use of their school experience. Children detained in detention homes of correctional institutions are educationally handicapped.

The performance on an individual psychoeducational evaluation shall determine that the emotionally disturbed are those students with persistent maladjustive behavior.

New Hampshire

(Not defined)

New Jersey

"Emotionally disturbed" means the exhibiting of behavioral disorders over an extended period of time which adversely affects educational performance and may be characterized by any of the following manifestations: an inability to learn which cannot be explained by intellectual, sensory or health factors; an inability to build or maintain satisfactory interpersonal relationships; inappropriate behaviors or feelings under normal circumstances; a general or pervasive mood of unhappiness or depression; and the development of physical symptoms or irrational fears relating to personal or school problems. This definition does not include social maladjustment as described in these regulations. --Proposed

A child shall be considered to be emotionally disturbed when his behavior is characterized by a pattern of functioning which is so inappropriate as to call attention to itself and which severely limits the individual from profiting from regular classroom learning experiences or severely hinders other pupils in the class from profiting from regular classroom learning experiences. The emotionally disturbed child further characterizes himself by a pattern of expression of emotion inappropriate to the situation in a matter of degree and quality. However, the emotionally disturbed child must give evidence of a degree of rational behavior which permits some communication with authority figures indicative of ability to profit from instruction under specially controlled circumstances. -- Current definition as found in state regulations.

New Mexico

Within the educational setting, the behaviorally disordered child is one whose behavior may be discordant in his relationship with others and/or whose academic achievement may be impaired due to an inability to learn utilizing the presented teaching techniques. The child's current behavior manifests either an extreme or a persistent failure to adapt and function intellectually, emotionally, and socially at the level commensurate with his or her chronological age.

New York

Emotionally disturbed - a child whose condition has been determined to be such by a school psychologist, a psychiatrist, or by an approved mental health clinic.

North Carolina

A serious emotional handicap in children is defined as behavior that is developmentally inappropriate or inadequate in educational settings as indicated by one or more of the following characteristics:

- 1.1 Inability to learn that cannot be explained by intellectual, sensory, neurophysical or general health factors. For example, the pupil is one or more grade levels below in specific subject areas such as reading or math, or exhibits unpatterned gaps in academic skill attainment.
- 1.2 Inability to build or maintain satisfactory interpersonal relationships with peers or teachers. For example, the pupil engages in excessive fighting, is unable to participate in group activities, shows unwillingness to follow directions, refuses teacher input, or prefers solitary play.
- 1.3 Inappropriate or immature types of behavior or feeling under normal conditions. For example, the pupil cries excessively, is confused or unable to cope with group work or sharing materials, or seeks inordinate amounts of teacher attention.
- 1.4 A general pervasive mood of unhappiness or depression. For example, the pupil is sad, often showing dissatisfaction with self, withdraws and needs prompting for open communication, seldom displays joy or receives compliments easily.
- 1.5 A tendency to develop physical symptoms, pains, or fears associated with personal or school problems. For example, the pupil complains of frequent headaches or stomachaches, is listless much of the time not engaging in activities, or displays great fear of bodily injury from normal sports.

The behavior pattern must be of sufficient duration, frequency, and intensity to call attention to the need for intervention on behalf of the child to insure his/her educational success. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally handicapped. For purposes of classification and educational programming, children diagnosed as autistic are considered seriously emotionally handicapped.

North Dakota

Aggressiveness, withdrawal, and fear may be appropriate emotional and behavioral responses to normal situations. When these behaviors or others are persistently inappropriate to the situation and pervasive to all areas of a student's life, he may need special help if he is to benefit in the learning environment.

Ohio

(Not defined)

Oklahoma

The emotionally disturbed child is defined as one who, because of possible breakdown in the family constellation or because of economic, social or other conflicts, has failed to mature socially and emotionally within the limits imposed by society. Because of these unresolved social and/or emotional conflicts, the child is unable to adjust to the routine of a regular classroom and profit from the instructional program offered.

Oregon

"Seriously emotionally disturbed" means an emotional problem which affects a child's educational performance to the extent that the child cannot make satisfactory progress in the regular school program. Because of organic and/or environmental influences, seriously emotionally disturbed children exhibit one or more of the following characteristics over an extended period of time and to a marked degree:

- (A) An inability to learn at a rate commensurate with their intellectual, sensory-motor, and physical development;
- (B) An inability to establish or maintain satisfactory interpersonal relationships with peers, parents, or teachers;
- (C) Inappropriate types of behavior or feelings under normal circumstances;
- (D) A variety of excessive behavior ranging from hyperactive, impulsive responses to depression and withdrawal; or
- (E) A tendency to develop physical symptoms, pains, or fears associated with personal, social, or school problems.

Pennsylvania

A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: an inability to learn which cannot be explained by intellectual, sensory or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms, pains or fears associated with personal or school problems. A person shall be assigned to a program for the socially and emotionally disturbed when the evaluation and individualized education program indicate that such a program is appropriate, provided that the evaluation includes reports from a board-certified or approved psychiatrist. No person shall be assigned to a program for the socially and emotionally disturbed for disciplinary reasons alone. Socially and emotionally disturbed children shall be psychiatrically reevaluated every two years.

Rhode Island

A child who exhibits a significant and observable disorder to a marked degree over an extended period of time (as determined by the evaluation process) in one or more of the following:

1.1.1 Extreme difficulty in learning which cannot be explained by intellectual, sensory, neurophysiological, or general health factors; nor can it be attributed to ethnic or cultural differences;

1.1.2 Consistent inability in establishing or maintaining satisfactory interpersonal relationships with peers and/or teachers;

1.1.3 Constant and pronounced inappropriate or immature types of behavior or feelings under normal conditions;

1.1.4 General pervasive mood of unhappiness or depression to a marked degree and over a significant length of time;

1.1.5 Psychosomatic complaints related to personal, social, or school problems;

1.1.6 The above definition should include but not be limited to disorders which are referred to as: autism, schizophrenia, neurosis, psychosis, emotional handicap and emotional disturbance.

South Carolina

"Emotionally handicapped pupils" means pupils of legal school age with demonstrably adequate intellectual potential, who because of emotional, motivational, or social disturbance require special classes or specialized education instruction suited to their needs.

South Dakota

Behaviorally Handicapped: Generally refers to those children who exhibit a variety of excessive, chronic behaviors which substantially deviate from normal peer group behaviors and directly interfere with the learning process. The child may exhibit aggressive and assaultive behaviors, inattention, withdrawal or extreme passivity, hyperkinesis, impulsivity, or interpersonal instability. In identifying behaviorally handicapped students, the placement committee should rely on the expertise of a psychiatrist or school psychologist.

Emotionally Disturbed: Generally, the term Emotionally Disturbed refers to those children with a diagnosed psychiatric disorder. In identifying emotionally disturbed children the placement committee should rely on the expertise of a psychiatrist or school psychologist.

Texas

Written report of psychological appraisal performed by a psychologist resulting in a diagnosis of emotional disturbance and prescription for behavioral management and/or written report of medical appraisal resulting in psychiatric diagnosis and prescription for behavioral management.

Tennessee

*P.L. 94-142 - Behaviorally disordered under heading of Seriously Emotionally Disturbed, and:

Socially Maladjusted who are Emotionally Disturbed:

A child must have one or more of the following characteristics:

(A) Persistently refuses to meet minimum standards of conduct required in regular schools and classrooms.

(B) Intimidates and harasses other students.

(C) Defies teachers and disrupts the school program.

(D) Behavior so antagonistic to the purpose and program of schools that he must be excluded from regular school attendance.

Utah

Within the educational setting a Behaviorally Handicapped child is defined as a child whose behavior and/or emotional condition as determined by an appropriately constituted Child Study Team is such that he/she cannot be adequately or safely educated in the regular classes of the public schools without the provisions of special education services.

Behaviorally Handicapped is here used as a generic term covering all types of emotional difficulties, including the terms Behavior Disordered, and Emotionally Disturbed.

Vermont

(Not defined)

Virginia

*P.L. . 94-142

Washington

A behaviorally disabled child is one who demonstrates an observable, generalized behavioral pattern which markedly interferes with the normal educational processes to such a degree that standard alternatives within the regular program have shown to be ineffective.

West Virginia

(Not defined)

Wisconsin

Emotional disturbance is characterized by emotional, social and behavioral functioning that significantly interferes with the child's total educational program and development including the acquisition or production, or both, of appropriate academic skills, social interactions, interpersonal relationships or intrapersonal adjustment. The condition denotes intraindividual and interindividual conflict or variant or deviant behavior or any combination thereof, exhibited in the social systems of school, home and community and may be recognized by the child or significant others.

All children may experience situational anxiety, stress, and conflict or demonstrate deviant behaviors at various times and to varying degrees. However, the handicapping condition of emotional disturbance shall be considered only when behaviors are characterized as severe, chronic or frequent and are manifested in 2 or more of the child's social systems, e.g., school, home or community. The M-team shall determine the handicapping condition of emotional disturbance and further shall determine if the handicapping condition requires special education. The following behaviors, among others, may be indicative of emotional disturbance:

- a. An inability to develop or maintain satisfactory interpersonal relationships.
- b. Inappropriate affective or behavioral response to what is considered a normal situational condition.
- c. A general pervasive mood of unhappiness, depression or state of anxiety.

d. A tendency to develop physical symptoms, pains or fears associated with personal or school problems.

e. A profound disorder in communication or socially responsive behavior, e.g., autistic-like.

f. An inability to learn that cannot be explained by intellectual, sensory or health factors.

g. Extreme withdrawal from social interaction or aggressiveness over an extended period of time.

h. Inappropriate behaviors of such severity or chronicity that the child's functioning significantly varies from children of similar age, ability, educational experiences and opportunities, and adversely affects the child or others in regular or special education programs.

Wyoming

*P.L. 94-142 Bower Definition

American Samoa

(Not defined)

Puerto Rico

(No definition provided)

APPENDIX B

Number of States Reporting Services for FD Students by Category

Please check one column for each of the following programs		Required (i.e., mandatory by law)	Authorized or permitted	Prohibited	Not dealt with in law or regulations	No response
1. Special class		27	26	0	0	0
2. Resource room		20	32	0	0	1
3. Crisis intervention		7	32	0	11	3
4. Itinerant teacher		14	31	2	3	3
5. Academic tutoring		7	37	0	7	2
6. Homebound instruction		14	34	0	2	2
7. Guidance counselor		6	37	0	7	2
8. School social worker		8	38	0	5	1
9. Psychotherapy by school psychologist		4	30	5	12	1
10. Psychiatric consultation		6	36	1	8	1
11. Public school transportation to non- school agency: e.g., Mental Health Clinic		9	33	2	5	3
12. Payment by school for private school		13	34	2	2	1
13. Vocation-related programs: e.g., work- study, distributive education, etc.		10	40	0	1	1
14. Other:						
Please specify						
Other: Consulting Teacher		1				
Management aides						
Hospital day and 24 hour		1				
Adjudicated ED		1				
Physical/occupational therapy		1	1			

APPENDIX C

1. Number of States Indicating Caseload per Professional Worker

Pupil Load	Resource Teacher	Crisis Intervener	Itinerant Teacher	Home-Bound	School Social Worker*	School Psychologist*	School Psychiatrist*
1-4							
5-9	6	1	2	6			
10-14	7		2	2			1
15-19	8	2	2	1			1
20-24	13	3	9	2			
25-29	2	1	3				
30-34	1		4				
35-39	2		1				
40-44							
45-49							
50-54							
55-59							
60-64	1					1	
65-69							
70-74							
75-79							
80-84							
85-99							
100-199						1	1
200-399				1**	1		
400-599							
600-899							
900-1000					1		
1000+					3	5	2
Not specified or determined by local board	7	20	26	34	42	29	43
No response	1	2	2	3	2	1	1

Note: *Caseloads for school social workers, psychologists, and psychiatrists are on an annual basis. Others are active caseloads.

** 1 per 250 units

APPENDIX C (a)

2. Number of States Indicating Load At a Time By Type of Personnel

Load at a Time	Resource Teacher	Crisis Intervenor	Itinerant Teacher	Homebound Teacher
10-14	6	2	3	5
15-19	7	2	1	1
20-24	13	3	9	1
25-35	6		8	3
36-60	1		1	
+60.				1*

* 1 per 250 Units

APPENDIX C (b)

3. Ratio

Ratio	School Social Worker	School Psycholo- gist	School Psychia- trist
1:1,000		1	
1:1,500		2	1
1:2,000			1
1:2,500		1	
1:3,000		1	
1:3,500		1	
1:5,000		1	

APPENDIX D

Recommended Battery of Tests

Arkansas

3. Required Evaluation Data

Screening

- a. hearing
- b. vision

Social history (compiled by or for the diagnostician) inclusive of

- a. educational
- b. family (using language of the home)
- c. medical

Educational assessment by qualified personnel*

- a. individual intelligence test
 - appropriate Wechsler Intelligence Scale (full battery)
- b. educational achievement (one required annually)
 - Stanford Achievement Test
 - Peabody Individual Achievement Test
 - California Test of Basic Skills
 - Wide Range Achievement Test
- c. behavioral measures (one required)
 - Adaptive Behavior Scales (School Scale) - AAMD
 - Myklebust's Pupil Rating Scale
 - Peterson and Quay's Behavior Problem Checklist
 - Kroth's Target Behavior
 - Bower Behavior Rating Scale
 - Burk's Behavior Rating Scale
- d. perceptual-motor (both required)
 - Bender-Gestalt-Koppitz scoring
 - Human Figure Drawing Test -- Koppitz scoring
- e. personality (one required)
 - Children's Personality Questionnaire
 - California Test of Personality
 - Children's Apperception Test
 - Thematic Apperception Test
 - Any other test as deemed necessary by the examiner in order to better determine the needs of the student.
- f. informal behavioral observation
 - The intent of this level of assessment is to provide a precise data based description of the behavior patterns of concern. The general procedure will be to collect systematic data from direct observation of the child in the environmental situations in which the behaviors of concern occur. The observations should result in:
 - a clear description of the behavior pattern(s) of concern to the teacher.
 - measure of frequency of occurrence of the behavior in terms of times per minute, hour, day, or other time unit.

-an indication of the intensity of the behavior pattern,
i.e., how extreme the behavior is relative to the peer
group.

g. other recommended data

Florida

B. Individually Administered Standardized Achievement Test

An individually administered standardized achievement test should be given by the school psychologist or other qualified personnel (i.e., classroom teacher, special education teacher, guidance counselor), to determine academic strengths and weaknesses. Areas to be measured include: reading, writing, arithmetic and spelling. *One of the following instruments is suggested:

<u>Grades</u>	<u>Title</u>	<u>Time</u>
a. Preschool 1-12	Wide Range Achievement Test (WRAT)	20 min.
b. 1.5-12	California Achievement Test	65-75 min.
c. K-9.5	Metropolitan Achievement Test	2-4 hours
d. 1.5-12	Stanford Achievement Test	2 hrs. & 40 min.
e. K-12	Peabody Individual Achievement Test	30-40 min.

C. Psychological Evaluation

1. Observation

The school psychologist observes the student and consults with the referring agent and/or classroom teacher.

The psychologist should follow the procedures below:

- (a) Systematic observation(s) of at least forty-five minutes with the referred student, within the regular classroom setting focusing on:

- .On and off-task behavior
- .Compliance and non-compliance
- .Peer interactions
- .Interactions with teacher(s)
- .Disruptive influence

- (b) From observation(s), the following general data should be obtained:

- .Frequencies and durations of behavioral events
- .Content and quality of behavioral events

- (c) Structured consultation with referral agent and/or classroom teacher(s)

- .Behavioral checklist or rating scale should be completed by psychologist
- .Representativeness of observed behavior should be assessed

2. Intellectual Assessment

A psychological evaluation will be performed by the school psychologist or other practitioner licensed by the State of Florida for each student referred to determine intellectual ability and potential, using one of the following test batteries:

- .Cattell Culture Fair Intelligence Series, ages 8.0 to adult
- .Columbia Mental Maturity Scale, ages 3-12
- .Leiter Intelligence Performance Scale, ages 2-18
- .Stanford-Binet (Revised Form LM), ages 2 to adult
- .Wechsler Preschool and Primary Scale (WPPSI), ages 4-6.5
- .Wechsler Intelligence Scale for Children-Revised (WISC-R), ages 6-16
- .Wechsler Adult Intelligence Scale(WAIS), ages 15 to adult

The data of the psychological evaluation will be collected and recorded as prescribed by the respective examiner's manual. The response procedure used by the student should be noted as it can be characteristic of a particular learner; i.e., guessing, perseveration, substitutions, left to right or right to left progression, time awareness, trial and error, systematic approach, concrete, functional or abstract, general, brief, explicit or verbose answers, seriation or grouping of digits, visualizes or auditorily produces, failure pattern, degree of concentration, frustration, tolerance, impulsivity, rapport with examiner, etc.

3. Personality Assessment

*An evaluation should be made of the student's personality, adjustment and attitude with instruments similar to the following:

Projectives

<u>Age</u>	<u>Title</u>	<u>Administrator</u>	<u>Time</u>
4-up	Bender-Gestalt Test	Psychologist	Varies
3-10	Children's Apperception Test	"	Varies
4-up	Thematic Apperception Test	"	2 hours
5-18	Picture Word Test	"	30 min.
3-15	Goodenough-Harris Drawing Test	"	10-15 min.
8-adult	Minnesota PerceptoDiagnostic Test	"	Varies

Personality Development and Adjustment

<u>Age</u>	<u>Title</u>	<u>Administrator</u>	<u>Time</u>
1-9	Child Behavior Rating Scale	Teacher	10 min
12-19	The Demos D Scale	Teacher	15-40 min.
7-15	Junior Eysenik Personality Inventory	Psychologist	Varies

Self-Concept

8-12	Self-Concept Scale (Piers-Harris)	Teacher	15 min.
12- adult	Tennessee Self-Concept Scale	Counselor	10-20 min.
3-9	Thomas Self-Concept Values Test	Counselor	10-20 min.

Sociometric

8-18	Jesness Inventory	Clinician	20-30 min.
Birth- Adult	Vineland Social Maturity Scale	Teacher	20-30 min.
2 wks	Denver Developmental Scale	Teacher	15-20 min.
6 mos- 12 yr.	Developmental Profile	Teacher/ Clinician	30-40 min.

Behavior Rating Scales (See Screening Procedures, section III, C)

New Mexico

4.3.3 Educational assessment by qualified personnel

a. individual intelligence test (one required)

Appropriate Wechsler Intelligence Scale
Stanford-Binet Intelligence Scale
Leiter International Performance Scale

b. developmental perceptual (one required though more than one may be necessary to confirm the educational diagnosis).

Bender-Gestalt Test of Visual Motor
Purdue Perceptual Motor Survey
Frostig Developmental Test of Visual Perception
Developmental Test of Visual-Motor Integration (Beery-Buktenica)
(CA 2-15)

c. educational achievement (one required)

Peabody Individual Achievement Test
Wide Range Achievement Test

d. behavioral measure (one required)

Myklebust's Pupil Rating Scale
Peterson and Quay's Behavior Problem Checklist

e. informal behavioral observation

The intent of this level of assessment is to provide a precise data-based description of the behavior pattern(s) of concern. The general procedure will be to collect systematic data from direct observation of the child in the environmental situations in which the behaviors of concern occur. The observations should result in:

- a clear description of the behavior pattern(s) of concern to the teacher.
- a measure of frequency of occurrence of the behavior in terms of times per minute, hour, day, or other time unit.
- an indication of the intensity of the behavior pattern, i.e., how extreme the behavior is relative to the peer group.

4.3.4 A psychiatric or clinical psychological evaluation is required for children being considered for a "D" level program.

4.3.5 Tests recommended for additional evaluation for educational programming

- a. Informal self-concept checklist
- b. Vineland Social Maturity Scale
- c. Goodenough-Harris Drawing Test
- d. Human Figure Drawing-Koppitz Scoring
- e. California Test of Personality
- f. Thematic Apperception Test
- g. Sentence Completion

North Carolina

Screening and Evaluation Before Placement

5.1 Required:

5.1.1 Psychological evaluation: The psychological evaluation shall include, but not be limited to, the assessment of intellectual functioning, educational progress, adaptive behavior and psycho-motor development. Such examination shall be performed by a qualified examiner who is either certified by the State Department of Public Instruction or licensed under the N.C. Psychological Licensing Act. The following are suggested instruments for intellectual assessment:

<u>Age</u>	<u>Title</u>
3-9	Columbia Mental Maturity Scale, 3rd ed.
2-18	Leiter International Performance Scale
2-adult	Stanford-Binet (Rev. Form LM)
4-6 1/2	Wechsler Preschool and Primary Scale
5-15	Wechsler Intelligence Scale for Children - Revised (WISC-R)
16-adult	Wechsler Adult Intelligence Scale (WAIS)
Pre-School	Psychoeducational Profile
Functional Age	

The following are suggested instruments for personality assessment:

Projectives

<u>Age or Grade</u>	<u>Title</u>	<u>Time</u>
4-up	Bender-Gestalt Test	Varies
3-10	Children's Apperception Test	Varies
4-up	Thematic Apperception Test	2 hours
6-18	Picture Word Test	30 min.
3-15	Goodenough-Harris Drawing Test	10-15 min.
5-16	Minnesota Percepto-Diagnostic Test	Varies

Personality Development and Adjustment

5-9	Child Behavior Rating Scale	10 min.
12-19	The Demos D Scale	15-40 min.
7-15	Junior Eysenik Personality Inventory	Varies

Self-Concept

4-18	Self-Concept and Motivation Inventory (4 Levels)	15 min.
12-adult	Tennessee Self-Concept Scale	10-20 min.
8-18	Jesness Inventory	20-30 min.

Behavior Rating Scales

8-12	Devereaux Child Behavior Rating Scale
K-6	Devereaux Elementary School Behavior Rating Scale
13-18	Devereaux Adolescent Behavior Rating Scale
9-12	Walker Problem Behavior Identification Checklist

5.1.2 Educational Evaluation

An individually administered standardized achievement test must be given by the school psychologist or other qualified personnel (i.e., classroom teacher, special education teacher, guidance counselor) to determine academic strengths and weaknesses. Areas to be measured include: reading, writing, arithmetic and spelling. The following are examples of some suggested instruments:

<u>Grade</u>	<u>Title</u>	<u>Time</u>
K-12	Wide Range Achievement Test (WRAT)	20-30 min.
K-12	Peabody Individual Achievement Test	30-40 min.
1-6	Durell Analysis of Reading Difficulty (Harcourt Brace)	30-90 min.
K-7	Key Math Diagnostic Arithmetic Test Spache's Diagnostic Reading Scales	30 min.

5.1.3 Adaptive Behavior

<u>Age</u>	<u>Title</u>	<u>Time</u>
3-12 & up	Adaptive Behavior Scale-AAMD	20-30 min.

No age limit	Camelot Behavioral Checklist	Untimed
0-adult	Vineland Social Maturity	20-30 min.

5.1.4 Psycho-Motor Development

<u>Age</u>	<u>Title</u>	<u>Time</u>
6-14	Lincoln-Oseretsky Motor Development Scale	
4-10	Devereaux Test of Extremity Coordination	
6-10	Purdue Perceptual Motor Survey	
4 & Over	Bender-Gestalt Visual Motor	

South Carolina

Specific Test Battery

1. An individually administered standardized achievement test must be given by a classroom teacher, special education teacher, guidance counselor or other qualified school personnel. Areas to be measured include: Reading, Writing, Arithmetic and Spelling. One of the following instruments is suggested:

<u>Elementary</u>	<u>Middle - Secondary</u>
Wide Range Achievement Test (WRAT)	Wide Range Achievement Test (WRAT)
Peabody Individual Achievement Test	Peabody Individual Achievement Test
California Achievement Test	California Achievement Test
Metropolitan Achievement Test	Metropolitan Achievement Test
California Test of Basic Skills	California Test of Basic Skills
Iowa Test of Basic Skills	Iowa Test of Basic Skills

2. A behavioral checklist (relative to the characteristics stated in Specific Descriptors) must be completed by the pupil's current teacher and by an additional person who is familiar with the child. The psychologist educational evaluator will review these checklists. (i.e., Part II of the AAMD Adaptive Behavior Scale, the Devereaux Elementary School and Burke Behavior Rating Scales, Peterson and Quay Behavior Problem Checklist, or any standardized or informal behavioral checklist).

3. An individually administered intelligence scale (WISC, WISC-R, WAIS or Stanford Binet) must be given by a psychologist/educational evaluator certificated by the South Carolina Department of Education. Once the psychologist/educational evaluator has determined that there are emotional indicators from the behavioral checklist and the intellectual test, then at least two other tests of psychological function from the list below must be administered to the candidate by a psychologist/educational evaluator certificated by the South Carolina Department of Education.

- a) Thematic/Children's Apperception Test (TAT/CAT)
- b) Kinetic Family Drawing (KFD)
- c) House- Tree-Person (HTP)
- d) Sentence Completion
- e) Bender-Gestalt Test
- f) California Test of Personality (CTP)

Recommendations for participation in a program for emotionally handicapped (as a result of the behavioral checklists, intellectual assessment and the supporting supplemental measures) shall be judgmental on the part of the psychologist/educational evaluator.

APPENDIX E

State Quality Education Programs for ED Adolescents

Listed below are quality education programs for the emotionally disturbed adolescents as reported by responding states:

<u>NAME OF DISTRICT</u>	<u>ADDRESS</u>	<u>DISTRICT DIRECTOR</u>
<u>ALASKA</u>		
Anchorage	DeBarr Road, Anchorage, 99504	Jim Rich
<u>ARIZONA</u>		
1. Tucson District #1	P.O. Box 4040, Tucson, 85717	Dr. Mary Meredith
2. Phoenix Union H.S. District	2526 W Osborn Rd, Phoenix, 85017	Mr. Dan Manglesdorf
3. Scottsdale District	3811 N 44th St, Phoenix, 85018	Dr. A. Scharf
<u>ARKANSAS</u>		
1. Benton Public Schools	P.O. Box 939, Benton, 72015	Mrs. Marjorie Snodgrass
2. Ft. Smith Public Schools	3205 Jenny Lind Rd, Ft. Smith 72901	Mr. Wm. P. Warrick
3. Monticello Public Schools	Old Warren Rd, Monticello, 71655	Dr. Peggy Crossley
<u>CALIFORNIA</u>		
1. San Mateo County Schools	333 Main St, Redwood City, 94063	Joyce Destetanis
2. Diagnostic School for Neuro- logical Handicapped Children	Lake Merced Blvd, San Francisco, 94132	Charles Keaster
3. L.A. County operates several good programs in institu- tionalized settings	9300 E. Imperial Highway, Downey, 90242	Dave Strauss
4. Anaheim H.S. District in Hospital Program	Crescent Way, Anaheim	Dick Tichner
<u>COLORADO</u>		
1. Adams Arapahoe School Dist.	1085 Peoria, Denver	Tim Wiggins
2. Latimer School Dist. R-1	2407 La Porte, Ft. Collins	Dr. Dale Polley
3. Adams School Dist.	27 J, 630 S. 8th, Brighton, 80601	Dr. Lydia Swize
<u>CONNECTICUT</u>		
1. Capitol Region Education Council	800 Cottage Grove Rd, Bloomfield	John Allison
2. Westport Public Schools	180 Bay Berry Lane, Westport	Catherine McGraw
<u>DISTRICT OF COLUMBIA</u>		
1. Glaydin		
2. Accotink		
3. Developmental School		
<u>FLORIDA</u>		
1. Sarasota	3350 Wilkinson Rd, Sarasota, 33579	Mr. Lee Coose
2. Alachua	1817 E. University Ave, Gainesville, 32601	Mrs. Linda Ramsey
3. Hillsborough	411 E. Henderson Ave, Tampa, 33602	Dr. Jack Lamb

<u>NAME OF DISTRICT</u>	<u>ADDRESS</u>	<u>DISTRICT DIRECTOR</u>
<u>GEORGIA</u>		
1. Gwinnett Co-Project SPRING	N. Metro Children's Center 846 Huff Rd, NW, Atlanta, 30318	Dr. Arthur E. Bilyeu
2. Marietta City-Project ACCESS	Marietta High School 121 Winn St, Marietta, 30064	Mrs. Dorothy Shuber
3. Long-Term Residential Camping Program operated by Department of Human Resources, Outdoor Therapeutic Camping Program	Unicoi Station, Unicoi State Park, P.O. Box 256, Helen, 30545	Mr. Ross Cooper
<u>IDAHO</u>		
1. North Idaho Children's Home Contracted Program		Mark Hepper
2. Boise School District	Boise, 84701	
<u>KANSAS</u>		
1. Topeka Unified #501		Mr. W.I. Green
2. Shawnee Museum #512		Dr. James Yonally
3. Kansas City #500		Mr. Donald Lamm
<u>KENTUCKY</u>		
Fayette School	Fayette Co. School District 301 W 4th St, Lexington, 40507	Barbara Pelfrey
<u>LOUISIANA</u>		
1. Central Louisiana State Hosp., Div. of Adolescent Services	Pineville	Mary Simpson
2. Brentwood School	Shreveport	Jean Rains
3. Therapeutic Nursery School LSU Medical Center	New Orleans	Shifra Miller
<u>MARYLAND</u>		
1. Mark Twain	Montgomery County	Paul Mason
2. E.S. Regional Center	Dorchester County	Ray Bryant
3. N. Forestville	Prince George's County	Dr. Mary Schanberger
<u>MASSACHUSETTS</u>		
1. Lee High School, Pittsfield	Second Street	Howard J. Eberwein
2. Whittier Regional Voc. Tech.	115 Amesbury Line Road	George Korn
3. Marlboro High	Main Street	George P. Dhionis
<u>MICHIGAN</u>		
1. Birmingham School District	550 Merrill St, Birmingham, 48012	Dr. Herb Baker
2. Kalamazoo Intermediate School District	1819 E Milham Rd., Kalamazoo, 49003	Mrs. Annlea Decent
3. Special Education, Cheboygan- Otsego-Presque Isle	6065 Learning Lane, Indian River	Gerald Waile
<u>MINNESOTA</u>		
1. Voc Tech 917	P.O. Drawer K, Rosemount, 55068	Curt Thurstenson
2. Minneapolis	Madison School, Minneapolis	Sheldon Braater
3. Roseville	Roseville Public Schools, Roseville	Irene Nerk

<u>NAME OF DISTRICT</u>	<u>ADDRESS</u>	<u>DISTRICT DIRECTOR</u>
<u>MONTANA</u>		
1. Lewistown, District #1	914 N Main, Lewistown, 59457	William Pellant
2. Yellowstone Boys Ranch		Don Black
<u>NEBRASKA</u>		
1. Nebraska Psychiatric Institute	602 S 45th St, Omaha, 68108	Donna Eyde
2. Immanuel Community Mental Health Center	6901 N 72nd St, Omaha, 68122	Shirley Miller
3. Omaha Public Schools	3902 Davenport, Omaha, 68131	Marilyn Ryan
<u>NEVADA</u>		
1. Clark County School Dist.	2832 Flamingo Rd, Las Vegas 89121	Mr. Ben Cowen
2. Washoe County School Dist.	425 E 9th, Reno, 89512	Mr. Jerry Meyers
<u>NEW HAMPSHIRE</u>		
Southeastern Education Regional Education Center coordinates three programs shared by several LEA's	9 Peabody Road, Derry, 03038	Ms. Patsy Baugh
<u>NEW JERSEY</u>		
<u>NEW MEXICO</u>		
1. Albuquerque Public Schools	Albuquerque	Ms. Clare Hammel
2. Alamogordo Public Schools	Alamogordo	Mr. Douglas Dillard
3. Santa Fe Public Schools	Santa Fe	Mr. Benjamin Baca
<u>NEW YORK</u>		
1. Nassau BOCES	Salisbury Center, Valentines Rd. & Plains Rd, Westbury, 11590	William T. Callahan
2. Westchester 1 BOCES	42 Triangle Center, Yorktown Heights, 10598	Rudolph J. Fobert
3. Westchester 11 BOCES	17 Berkley Dr, Port Chester, 10573	Joseph Blaney
<u>NORTH CAROLINA</u>		
1. Charlotte/Mecklenburg Schools	Charlotte	Jerry Moore
2. Greenville City Schools	Greenville	Ann Harrison
3. Gaston County Schools	Gastonia	Ruth Angel
<u>NORTH DAKOTA</u>		
1. Jamestown School District	State Hospital, Jamestown, 58401	Herb Olson
2. Devils Lake Public School	Devils Lake	Dan Cline
<u>OKLAHOMA</u>		
1. Norman	Norman	Ann Gaston
2. Oklahoma City	900 North Klein	Mr. J. Johnson
3. Tulsa	Tulsa Education Services Center	Dr. B. Truka

NAME OF DISTRICTADDRESSDISTRICT DIRECTOROREGON

1. Beaverton Public Schools
2. Parkrose School District

P.O. Box 200, Beaverton, 97005
10636 NE Prescott, Portland
97220

Dalton Plunkett
Meribel Parker

3. Jackson County 1 ED

101 N Grape, Medford, 97501

Cornelius Feskens

PENNSYLVANIA

1. Montgomery Co. I.H.
2. Allegheny Co. I.H., program
for autistic children
3. Devereaux Foundation

1605 1 B West, Main Street,
Norristown, 19401
Suite 1300, Two Allegheny Center,
Pittsburgh, 15212
Devon

Mrs. Nancy Anderson

Robert Follette,
Judy Cardomore
Leonard Green

SOUTH CAROLINA

1. Richland School Dist. #2
2. Charles Public Schools
3. Lancaster Public Schools

Columbia
Charleston
Lancaster

Sharon Finuf
Ken Gearhart
Dr. Jackie S. Adams

TEXAS

1. Ector ISD
2. Austin State Hospital
Childrens Psychiatric Hosp.

Box 3912, Odessa
Austin School District
6100 N Guadalupe, Austin, 78752

Keith Dial
Elaine Wilson,
Tom Hinojosa

TENNESSEE

1. Memphis City
2. Metro
3. Greeneville City

Memphis
Nashville
Greeneville

Harold Perry
Sheffield Nasser
Ralph Bohannon

UTAH

1. Youth Center (Multi-Dist.)
2. Jordan District
3. ARTEC

Utah State Hospital, Provo
Salt Lake City
Salt Lake City

Dr. Dan Bird
Bruce Barns
Russ Van Fleet

VIRGINIA

1. Arlington
Marshall St. Annex
2. Adams Corner
3. Trees, Augusta County

1426 N Quincy Street
Arlington, 22207
4929 Chamberlayne Ave.,
Richmond, 23227
Box 1268, Staunton, 24401

Mary Sigmond

Rhett Vause

Ann S. Gray

WASHINGTON

1. Olympia
2. Tacoma
3. Edmonds

Olympia
Tacoma
Edmonds

Dr. Stillman Wood
Dr. H. Bertsness
Mr. M. Warden

WEST VIRGINIA

1. Braxton County Schools
2. Raleigh County Schools

Sutton High School
Fayette St. School

E. Neil Heflin
June P. Harper

NAME OF DISTRICTADDRESSDISTRICT DIRECTORWISCONSIN

1. Madison Area Schools
2. Green Bay Public Schools
3. Racine Public Schools

545 W Dayton
1000 N. Jefferson
2220 Northwestern Ave.

Dr. Lee Gruenwald
Dr. Dan Mathias
Mr. Don Tofte

WYOMING

1. Natrona #1
2. Laramie #1
3. Goshen #1

130 Glenn Rd., Casper, 82601
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Carlos Matienzo Romero
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APPENDIX F

State Listing of Prevalence Figures Used for Emotionally Disturbed Adolescents

<u>State</u>	<u>Prevalence Figure</u>	<u>State</u>	<u>Prevalence Figure</u>
Alabama	1%	Montana	(none used)
Alaska	(none used)	Nebraska	.5%
Arizona	(none used)	Nevada	.2%
Arkansas	.75%	New Hampshire	5%
California	2%	New Jersey	(none used)
Colorado	2.5%	New Mexico	2.0%
Connecticut	1.5%	New York	(none used)
Delaware	.02%	North Carolina	(none used)
District of Columbia	(none used)	North Dakota	3%
Florida	(none used)	Ohio	(none used)
Georgia	2.78%	Oklahoma	.25%
Hawaii	0.10%	Oregon	2%
Idaho	(none used)	Pennsylvania	2%
Illinois	(Fed. Prev. Fig.)	Rhode Island	(none used)
Indiana	1.5%	South Carolina	3%
Iowa	2%	South Dakota	1.5%
Kansas	1-2%	Texas	2-4%
Kentucky	2%	Tennessee	2.2%
Louisiana	.005%	Utah	3%
Maine	(none used)	Vermont	4%
Maryland	6.5%	Virginia	2%
Massachusetts	(none used)	Washington	(none used)
Michigan	.65%	West Virginia	(none used)
Minnesota	1.37%	Wisconsin	.85%
Mississippi	(none used)	Wyoming	1.5%
Missouri	(none used)	Puerto Rico	4%
		American Samoa	(none used)

APPENDIX G

Use of ED Consultants by State Agency

The following listing gives replies to the questionnaire item:

"Does your state department of education have a person assigned statewide responsibility for the emotionally disturbed? If yes, what percent of his/her time is spent for emotionally disturbed?"

<u>State</u>	<u>ED Consultants</u>	<u>Percentage of Time for ED</u>
Alabama	Yes	15% (in process of employing full-time person)
Alaska	Yes	5% maximum
Arkansas	No	---
Arizona	No	---
California	Yes	10% of each
Colorado	Yes	50% last year, 10% for 1978-79
Connecticut	Yes	20%
Delaware	No	---
Dist. of Columbia	Yes	100%
Florida	Yes	70%
Georgia	Yes	1 school based 100%
		1 center based 100%
		1 part-time Inst. based 30%
Hawaii	Yes	50%
Idaho	No	---
Illinois	Yes	50%
Indiana	Yes	50%
Iowa	Yes	100%
Kansas	Yes	20%
Kentucky	Yes	2 vacancies 100%
Louisiana	Yes	100%
Maine	Yes	10%
Maryland	No	---
Massachusetts	No	---
Michigan	No	---
Minnesota	Yes	Cannot specify, has many assignments
Mississippi	Yes	5%
Missouri	Yes	10%
Montana	No	---
Nebraska	Yes	25%
Nevada	Yes	50% approx.
New Hampshire	Yes	20% approx.

<u>State</u>	<u>ED Consultants</u>	<u>Percentage of Time for ED</u>
New Jersey	No	---
New Mexico	No	---
New York	Yes	50%
North Carolina	Yes	100%
North Dakota	Yes	2%
Ohio	Yes	100%
Oklahoma	Yes	5% or less
Oregon	Yes	50% approx.
Pennsylvania	Yes	1%
Rhode Island	No	---
South Carolina	Yes	50%
South Dakota	Yes	25%
Texas	Yes	10%
Tennessee	No	---
Utah	Yes	50%
Vermont	Yes	1%
Virginia	Yes	30%
Washington	No	---
West Virginia	Yes	85%
Wisconsin	Yes (2)	100% each
Wyoming	No	---
Puerto Rico	Yes	100%
American Samoa	No	---

APPENDIX H

Survey Questionnaire PUBLIC SCHOOL SPECIAL EDUCATION PROGRAMS FOR EMOTIONALLY DISTURBED ADOLESCENTS

If printed information concerning programs in this area is available, please enclose it with the questionnaire, and feel free to reference it in lieu of providing answers. Where we use the term 'emotionally disturbed' please interpret it to mean the term used in your state. Adolescent programs are defined as those providing services at the high school level (i.e., ninth grade and above).

Name: _____ Title: _____ State: _____

1. Emotional disturbance is defined for public school purposes by state law

	YES	NO
Rules	YES	NO
Regulations	YES	NO

2. What term is used in your state? _____
(Please send a copy of your regulations if it contains a definition)

3. What prevalence figure is used for emotionally disturbed adolescents and how was it derived? _____ %

4. Which of the following services are available in your state's public schools (grades 9-12) for students defined as emotionally disturbed?

Please check one column for each of the following programs

	Mandated by Law	Permitted	Prohibited	Not dealt with in law or regulations
1. Special class				
2. Resource room				
3. Crisis intervention				
4. Itinerant teacher				
5. Academic tutoring				
6. Homebound instruction				
7. Guidance counselor				
8. School social worker				
9. Psychotherapy by school psychologist				
10. Psychiatric consultation				
11. Public school transportation to non-school agency: e.g., Mental Health Clinic				
12. Payment by school for private school				
13. Vocation-related programs: e.g., work-study, distributive education, etc.				
14. Other: _____				
Please specify				

5. Please indicate the standards prescribed by state law or regulation:

(1) maximum number of students per class: _____

(2) maximum time per day spent in special class: _____

(3) maximum years of enrollment: _____

(4) other: _____

Please specify

6. Please indicate the recommended caseload for those of the following professionals who work with emotionally disturbed adolescents in the public schools in your state (i.e., indicate the number of children per full-time professional worker per school year -- or, if another base is used, please specify).

(1) Resource teacher _____

(2) Crisis intervener _____

(3) Itinerant teacher _____

(4) Homebound teacher _____

(5) School social worker _____

(6) School psychologist _____

(7) School psychiatrist _____

(8) Other _____

Please specify

7. What is the age range of adolescents currently enrolled in special education programs for the emotionally disturbed in your state? _____

8. In regard to diagnosis and placement, according to your state laws and/or regulations:

Is a psychological/psychometric evaluation required? _____

Is a psychiatric evaluation required? _____

Who is responsible for determining eligibility for services for the emotionally disturbed?

Who is responsible for determining placement of eligible children in the specific programs?

What specific procedure is recommended for determination of eligibility and placement?

9. Is there a state recommended battery of tests used for evaluation?

YES _____ NO _____ If yes, please specify:

10. What provisions are made for pupils whose parents refuse to have them participate in the program?

11. What would be your best estimate of the percent of students in programs for emotionally disturbed adolescents in the 1977-78 school year in your state who were able to return to the regular program because they no longer need services? _____%

12. Please rank order the types of program administration used to deliver services to adolescents in your state. Begin with the most frequently used:

Local school districts _____

Joint agreement or cooperative district organization
(i.e., share personnel but not classes) _____

Intermediate school districts at the county or
parish level
(i.e., special education programs maintained for
the several districts) _____

Regional units organized by the state _____

District state control only _____

Other: _____
Please specify _____

13. Please specify three quality education programs for the emotionally disturbed adolescents in your state:

Name of District

Address

District Director

(1)

(2)

(3)

14. Does your state department of education have a person assigned state-wide responsibility for the emotionally disturbed?

YES ___ NO ___

If yes, what percent of his/her time is spent for emotionally disturbed?
